

Supplemental Application Data Sheet

Application Information

Application number::	10/575,127
Filing Date::	April 7, 2006
Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	Paper
Computer Readable Form (CRF)?::	Yes
Number of copies of CRF::	1
Title::	METHODS AND COMPOSITIONS FOR TREATING CONDITIONS INVOLVING ABNORMAL ANGIOGENESIS
Attorney Docket Number::	01948/101002
Request of Early Publication?::	No
Request of Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	13
Small Entity?::	Yes
Petition Included?::	No
Petition Type::	

Licensed US Govt. Agency:: The National Institutes of Health
Contract or Grant Numbers:: HL063609
Secrecy Order in Parent Appl.?: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: ~~Jue-Lon~~ Jian
Middle Name::
Family Name:: Shie Li
Name Suffix::
City of Residence:: ~~Aston~~ West Roxbury
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: ~~11 Elm Street #3~~ 21 Thrush St.
City of mailing address:: ~~Aston~~ West Roxbury
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: ~~01720~~ 02132

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA Taiwan, Republic of China
Status:: Full Capacity

Given Name:: Jian Jue-Lon
Middle Name::
Family Name:: Li Shie
Name Suffix::
City of Residence:: West Roxbury Acton
State or Province of Residence:: MA
Country of Residence:: USA
Street of mailing address:: 21 Thrush St. 11 Elm Street #3
City of mailing address:: West Roxbury Acton
State or Province of mailing address:: MA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: 02132 01720

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: USA
Status:: Full Capacity
Given Name:: Roger
Middle Name:: J.
Family Name:: Laham
Name Suffix::
City of Residence:: Brookline
State or Province of Residence:: MA
Country of Residence:: 02445
Street of mailing address:: 39 Kent Street #4

City of mailing address:: Brookline

State or Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02445

Correspondence Information

Correspondence Customer Number:: 21559

Representative Information

Representative Customer Number:: 21559

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National stage of	PCT/US2004/033735	October 12, 2004
PCT/US2004/033735	An application claiming	60/510,437	October 10, 2003
	the benefit under 35		
	USC 119(e)		

Assignee Information

Assignee name:: Beth Israel Deaconess Medical Center

Street of mailing address:: 340 Brookline Avenue

City of mailing address:: Boston

State of Province of mailing address:: MA

Country of mailing address:: USA

Postal or Zip Code of mailing address:: 02215